DOCUMENT RESUME

ED 267 318 CG 018 898

AUTHOR Blai, Boris, Jr.
TITLE Alcoholic Women Workers.
PUB DATE [86]
NOTE 10p.
PUB TYPE Viewpoints (120) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Alcohol Education; *Alcoholism; Drinking; *Employed Women; Employers; Females; Program Development; *Program Effectiveness; Sex Differences
IDENTIFIERS *Employee Assistance Programs

ABSTRACT

The National Institute on Alcohol Abuse and Alcoholism awarded contracts to assemble information about practices which identify, refer, and treat employed women alcoholics. In Phase I data were collected on the frequency of use of employee assistance programs by women alcoholics. Findings indicated no great differences between men and women. Penetration rates--the proportion of those experiencing drinking problems who have been referred to employee assistance programs for help--were lower for woman than for men, although overall rates were low for both men and women. In Phase II interventions were designed and implemented to meet the needs of women workers. One contractor's program was successfully designed to attack lower female penetration rates by training supervisors to be alert to their attitudes towards female employees and by conducting group sessions for women to deal with their problems. In Phase III the effectiveness of such programs for women workers was measured. Occuptional alcoholism programs are growing in numbers and are resulting in cost savings for companies by reducing absenteeism and lost working hours. (ABL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED267318

ALCOHOLIC WOMEN WORKERS

Boris Biai, Jr.

CG 018898

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☑ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Boris Biai, Jr.

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Today, women make up over 40 percent of the national workforce. And yet, among these millions of employed women few have been part of employee assistance or occupational alcoholism programs. This suggested to Congress that perhaps women were being underserved by the existing programs. It therefore directed the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to ".... actively support efforts to understand and meet the needs of employed women with alcohol problems." (Solomon, 1983: p.3)

In 1978 the NIAAA awarded several contracts. These sought to develop relevant information regarding existing practices which identify, refer, and treat employed women experiencing drinking problems. These 3½ year studies, carried out by several independent contractors, were three-phase investigations:

Phase 1: Needs assessment, collecting data regarding frequency of employee assistance programs use among women problem drinkers.

Phase II: Intervention approaches, consisting of the design and implementation of special program components addressing the needs of women workers.

Phase III: Assessment of Phase II effectiveness; i.e., measuring the impact on total program effectiveness of adding the special components specifically designed for women workers.

Overall, Phase I findings indicated:

1- No great differences between female and male employees among the various types of study sites examined. Two exceptions were in income levels; i.e., a higher percentage of females earned lower annual incomes, and in marital status; i.e., males were more likely than females to be married.

2- Among all three contractors, they found the penentration rates slightly but consistently lower for females than for males. Penentration rate

refers to the proportion of those experiencing drinking problems who have been referred to employee assistance programs for help.

3- For both males and females these penentration rates were very low. the prinicpal reasons for low referral rates appeared twofold:

> "First, on the basis of information from the staffs of the employee assistance programs and supervisors, supervisors generally appeared not to have been adequately trained to identify and deal with problem employees of either sex.
>
> In addition, women were reported to make a greater effort to conceal their alcoholism, so that the conventional supervisory training, developed on the basis of male alcoholic employees, seemed inadequate for identifying female drinkers. The reluctance of women to admit to a drinking problem was seen as the major aspect of the low referred rate." (Executive Summaries, 1982: p.8)

Regarding Phase II interventions, a program was designed by one contractor to attack the two sources of lower female penentration rate; (1) special training to alert supervisors to their existing attitudes regarding female employess, and (2) special group sessions to help female employees develop insights into their personal and job problems to facilitate constructive action on their part to deal with their problems. Trained clinicians were hired to teach the women's groups special sessions.

Feedback on the supervisory training was highly positive. The supervisors who were trained evidenced more appropriate choices among ways of dealing with problem employees/ They were significantly more likely to have modified their attitudes about confronting female workers. This latter, confrontation behavior

> "is essential to the effective operation of an employee assistance program, since alcoholism referrals are based on confrontation of the employee with her need to accept referral or the alternative which threatens loss of job." (Executive Summaries, 1982: p.16)

Data generated regarding the special women(s groups sessions indicated that the participants found them useful in dealing with both personal and job-related problems. They reported:

> "that the most important changes affected by their group participation were in furthering their self-development and in enabling them to improve their relations with others. These positive changes in the participants is clearly seeving primary prevention functions. .... Since the participants perceived the clinicians as outside experts, independent of the organization, the women trusted them to provide professional guidance." (Executive Summaries; 1982: pp 17-18).

Recommendations offered to help reduce problem-drinking and alcoholism in the workplace included:

1- Supervisory training: More adequate basic training should be given to help them deal more effectively with problem employees, both male and female. They should also receive special training to help make them aware of their own differing attitudes regarding male and female workers.

2- Women's groups: Institute group sessions to deal with women workers, as they are clearly extremely distrustful of confidentiality assurances within their organizations.

The final dimension, Phase III of the demonstration project, was developed to assess Phase II effectiveness in addressing the problem of alcoholic women workers. Historically, EPAs (Employee Assistance Programs) have existed for about 60 years. However, specific knowledge regarding the effectiveness of such programs in identifying and treating women workers - particularly female alcoholics - is yet minimal. Among occupational program practitioners, there is general aggreement that alcoholic women workers have not usually utilized existing company programs for help with their problems.

As previously noted, this evident need for special attention to alcoholic women at work (and at risk!) led to Congressional legislation directing NIAAA to support efforts to assess and meet these needs. In September 1978, NIAAA contracted with The Planners Studio (Newton Upper Falls, Massachusetts) to conduct a demonstration project in the field of occupational alcoholism for working women. The objectives were four-fold:

"1- To describe alcoholism in selected work settings in terms of frequency of occurrence of alcohol problems among female employees, male-female differences, and special needs among the female workforce, as well as success of the existing alcoholism programs.

2- To design components for an EAP program which could address the needs of a targeted female employee group.

3- To measure changes in effects within the existing program of adding a special component designed for female employees.

4- To establish parameters by which future project efforts involving women as a target population could be established and improved. (Executive Summaries, 1982: p.47)

As Cahill et al (1980) point out, the first objective of this three year study was achieved through a needs assessment in 1979 which included:

(a) surveying employed male and female populations in several work sites and settings.

(b) interviews with management/supervisory personnel; company EAP counselors; human resources managers.

(c) monitoring EAP clients.

(d) investigating existing treatment resources.

(e) examination of organizational policies/procedures for human resource management operations.

The findings and conclusions of the above-noted study by The Planners Studio are discussed in a 1981 report (Cahill & Volicer, 1981). In addition, these were also summarized in a later publication (Cahill, Mary H, 1983)

With reference to the above-noted four-fold objectives, specifically the second, third, and fourth - these concerned themselves with ".... the development, implementation and evaluation of a model intervention to address the needs of female employees with drinking problems." (Executive Summaries, 1982: p.49). As noted, this intervention scheme was two-fold: (1) supervisory training, and (2) employee orientation.

A summary assessment-evaluation of the intervention model revealed the

following:

1- Regarding supervisory training, pre-and-post tests yielded measurements of changes in knowledge about five areas addressed in the training:

a- alcoholism in general
b- alcoholism in female employees
c- supervisors' problems in implementation and referral
d- appropriate procedures for documentation of job performance problems
e- appropriate procedures for confrontation and referral.

Significant increases in scores on all five factors were noted between the pre-and-post tests. General response to the training program was positive, and a majority of the 252 supervisors who participated in the training claimed they had increased their knowledge about alcoholism and their willingness to use the EAP to help in reducing employee problems. Additionally, the ".... results also indicated that supervisor training conducted prior to employee orientation can be effective in getting female employees with alcohol problems to attend the orientation sessions." (Executive Summaries 1982, p.64).

2- Regarding the employee group orientation sessions, and the 464 participants it was estimated that some 72% of the problem drinking women employees attended. "The randomized response technique showed there was a significant degree of underestimation (denial) among participants regarding alcohol problems, due to concern about anonymity." (Cahill, 1983: p.21)

3- It is clear that the effort, through EAPs, to assist female alcoholic workers requires the coordinated, cooperative efforts of many; top management; supervision; employees; EAP personnel. And chances for successful outreach; i.e. EAPs followed by appropriate treatment programs, are "... likely to enter a treatment program only if the EAP counselors are expertly trained in the diagnosis of alcoholism, in confrontation, and in subsequently getting identified alcoholics into appropriate treatment." (Cahill 1983, p.22).

* * * * * * * * *

There is now substantial evidence indicating the growth of occupational alcoholism programs. And research data has clearly indicated that in much of this program development voluntarim has been the prinicpal approach; i.e. individual work organizations supporting such programs without external constraints or prescriptions. (Trice et al 1978). In the late seventies, Roman and Thomas (1978) reported the following percentages of successful outcomes program ingredients for employees attending occupational alcoholism programs in some 131 organiztions:

Assurance of client confidentiality - 93%
Health insurance coverage for inpatient treatment of drinking problems - 87%
A written company policy - 77%
Written procedures for identification and referral - 76%
Orientation sessions for management - 67%
Dependent access to the program - 56%
Health insurance coverage for outpatient treatment of drinking problems - 56%
Employee education about the program - 49%
Training of all supervisors - 47%
24-hour 'hotline' - 17%

In summary, Roam and Thomas (1978) report:

> "First, we have shown that program diffusion/information elements are importantly associated with a measure of successful case outcomes. Second, elements of program access were found to be directly related to program use. Third, elements related to both successful outcomes and greater program use ....substantially are more prevalent among those programs receiving relatively intense services from NIAAA demonstration projects than among those programs in major corporations ....without specific targeting by service deliveries. (p.10)

There have been numerous and varied measured results reporting the cost benefits of occupational alcohol programs. Three representative examples include:

1- Annual savings of $80,000 in reduced absenteeism at the Allis-Chalmers company among referred workers in its alcoholism program. (Smithers Foundation, 1967)

2-Reported estimated savings for 306 case reductions of some $459,000 among employees participating in Illinois-Bell Company's alcoholism rehabilitation program. (Hilkers et al, 1972)

3- Reduction of $226,344 in cost of lost manhours, the year following treatment in the alcohol and drug recovery program of General Motors' Olds-mobile Division. (Alander and Campbell, 1973).

Swint et al (1978) proposed a precise, sophisticated economic model to estimate the economic efficiency of industrial alcohol programs:

> ".... it specifies collection of data that could be used to derive several internal rates of return of particular interest to a given firm. To apply the model, the following data would be required: cost of the rehabilitation program (direct program expenditures and indirect cost of the work loss of patients while in treatment); premature replacement costs averted and liklihood of premature replacements; and reductions in costs of absenteeism, reduced productivity, sick leave, health insurance payments and post-separation disability attributable to treatment." (Schramm, 1980: p.5).

And finally - as Schramm (1980) concludes:

> "Despite the slow growth of occupational alcoholism programs and despite the long-observed resistance of business education decision makers to act favorably on proposals to initiate treatment programs after being presented with positive cost-benefit rates, the literature abounds with the assumption that if sufficiently positive ratios can be projected, corporate managers will choose to start programs." (p.7)

** ** ** ** ** ** **

1986

References

Cahill, M. et al. Women's Occupational Alcoholism Demonstration Project, Phase I, Interim Report, NIAAA. Newton, MA. The Planner Studia, 1980.

Cahill, M.H. and Volicer, B.J. "Male and Female Differences in Severity of Problems with Alcohol at Workplace". Drug and Alcohol Dependence. 8: 143-56, 1981

Cahill, M.H."Training Employees and Supervisors To Increase Use of EAPs by Women". Alcohol Health and Research World. U.S. Dept. of Health and Human Services. Washington, D.C. V.7 No.3. Spring 1983. (NIAAA)

Executive Summaries: Women's Occupational Alcoholism Demonstration Project: Final Report. U.S. Dept. of Health & Human Services (NIAAA) Washington, D.C. 1982.

Hilkers, R.R.J; Asma, F.E., and Eggert, R.L. "A company-sponsored alcohol rehabilitation program" Journal of Occupational Medicine 14: 769-72, 1972.

Roman, P.A. & Thomas, L.A. "Structure and Outcome in Employee Alcoholism Programs: Exploratory Observations". June 1978; mimeo report (RPO 527) Tulane University, New Orleans.

Schramm, C.J. "Evaluating Occupational Programs: Efficiency and Effectiveness". Paper presentation, May 22, 1980. Johns Hopkins University: School of Hygiene and Public Health.

**
Solomon, S.D. Women in the Workplace. Alcohol Health and Research World. U.S. Dept. of Health & Human Services. (NIAAA) Washington, D.C. V7. No. 3. Spring, 1983.

Swit, J.M; Decker, M. and Lairson, D. "Economic Evolution of Industrial Alcoholism Programs," Journal of Studies in Alcohol. 39: 1638-39. 1978.

Trice, H.: Beyer, J., and Hunt, R. "Evaluating implementation of a job-based alcoholism policy." Journal of Studies on Alcohol 39: 448-465, 1978.

**Smithers Foundation. Understanding Alcoholism: For the Patient, the Family and the Employee. New York. Scribners: 1967.